

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
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47							97			
48							98			
49							99			
50							100			
TOTAL IND.	<input type="checkbox"/>	TOTAL IND.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
TOTAL DEP.	0	<input type="checkbox"/>	TOTAL DEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TOTAL CLAIMS	<input type="checkbox"/>	TOTAL CLAIMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS